THE DETROIT COMMUNITY-ACADEMIC URBAN RESEARCH CENTER: PRINCIPLES, RATIONALE, CHALLENGES AND LESSONS LEARNED THROUGH A COMMUNITY-BASED PARTICIPATORY RESEARCH PARTNERSHIP

Barbara A. Israel*
Presented at the “Summer Public Health Research Institute and Videoconference on Minority Health”
Chapel Hill, NC
June 16, 2000

*With acknowledgment to my colleagues and co-authors in conducting community-based participatory research: A. Allen, E. Baker, A. Becker, R. Guzman, C. Heaney, J. House, M. Hugentobler, P. Lantz, R. Lichtenstein, B. Maciak, R. McGranaghan, E. Parker, A. Schulz, S. Schurman, D. Softley and the many other community partners with whom I have worked (some sections of this presentation adapted from selected references, listed at the end). The Center is supported through a Cooperative Agreement with the Centers for Disease Control and Prevention.

Copyright ©2000, Barbara Israel
MODIFYING VARIABLES: Individual or Situational Characteristics

Social  Psychological  Behavioral  Biophysical  Genetic

Psychosocial-Environmental Conditions (Stressors)

Perceived Stress

Short-Term Responses to Stress (Strain)
1. Physiological
2. Psychological
3. Behavioral

Enduring Health Outcomes
1. Physiological
2. Psychological
3. Behavioral

Conceptual Framework of the Stress Process

Copyright ©2000, Barbara Israel
Implications of the Stress Model for Prevention Interventions

- Context-specific interventions
- Comprehensive approach to prevention interventions
- Primary, secondary and tertiary prevention
- Different types of stressors
Implications of the Stress Model for Prevention Interventions (continued)

- Objective conditions
- Multiple outcomes
- Collective action and broad scale change
- Participants’ involvement and control
- Inter-disciplinary teams
DEFINITION OF COMMUNITY-BASED PARTICIPATORY RESEARCH

Community-based participatory research in public health is a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process; with all partners contributing their expertise and sharing responsibility and ownership to enhance understanding of a given phenomenon, and to integrate the knowledge gained with action to improve the health and well-being of community members.
Key Principles of Community-Based Participatory Research

1. Recognizes community as unit of identity
2. Builds on strengths and resources
3. Facilitates collaborative partnership
4. Integrates knowledge and intervention for mutual benefit of all partners
5. Promotes co-learning and empowering process
Key Principles of Community-Based Participatory Research (continued)

6. Involves a cyclical, iterative process
7. Addresses health from positive and ecological perspectives
8. Disseminates findings and knowledge gained to all partners
9. Involves a long-term commitment by all partners
Rationale/Advantages of CBPR

• Enhances relevance and use of data
• Joins partners with diverse expertise to address complex problems
• Improves quality and validity of research
• Knowledge gained is used to benefit the community
• Increases possibility of overcoming community’s distrust of research
Rationale/Advantages of CBPR (continued)

• Has potential to “bridge cultural gaps” between partners
• Overcomes separation of individual from culture and context that often occurs with categorical approaches
• Provides resources for communities involved
• Aims to improve health and well-being of communities involved
Detroit Community-Academic Urban Research Center (URC)
Partner Organizations

Butzel Family Center
Community Health and Social Services (CHASS)
Detroit Health Department
Friends of Parkside
Henry Ford Health System
Kettering Butzel Health Initiative
Latino Family Services
University of Michigan School of Public Health
Warren/Conner Development Coalition

Copyright ©2000, Barbara Israel
Overall Mission of the Detroit URC

Establish an effective community-based participatory research partnership to jointly identify factors affecting the health and well-being of residents on the east and southwest sides of Detroit, and to implement and evaluate interventions and policies to address these factors in ways that recognize, build upon and enhance the resources and strengths in the communities involved.
Processes Involved in Developing the Center and URC Board

- Grant proposal submission
- Meetings with partner organizations
- Developing the URC Board
  – establishment of operating norms
  – adoption of CBPR principles
Processes Involved in Developing the Center and URC Board (continued)

• Process of setting priorities
  – identification of community strengths and problems
  – discussion of issues partner organizations address
  – selection of levels of affiliation and participation
  – further identification of problems and selection of priorities
• Establishing an infrastructure
Evaluation Design and Methods

- Participatory case study design
- Process and impact evaluation
- Qualitative and quantitative methods
Evaluation Results: Major Accomplishments

- Adopting and following operating procedures and CBPR principles
- Creating effective team and partnership
- Creating and maintaining trust
- Building new relationships
  - linking east and southwest sides
  - linking University and community-based organizations
Evaluation Results: Major Accomplishments (continued)

- Developing proposals and acquiring funding
  - 7 Level 1 CBPR projects
  - Over 8 million dollars received
- Implementing CBPR projects
- Beginning to focus and conduct dissemination regarding CBPR
Evaluation Results: Challenges

• Significant time and effort required to build trust and working relationships among partners
• Articulating and agreeing upon a common purpose
• Seeking a balance between task and process/research and action
• Working together amidst ethnic, cultural, social class and organizational differences
Evaluation Results: Challenges (continued)

- Following agreed-upon CBPR principles in practice
- Competing institutional demands and risks
- Working toward equitable or fair distribution of resources and benefits
- Proving partnership/intervention success
Evaluation Results: Facilitating Factors, Lessons Learned and Recommendations for Conducting CBPR

• Jointly develop operating norms and CBPR principles
• Create a balance between time spent on process issues and tasks/products
• Select mutually defined priority issues, goals and objectives
• Focus on community strengths as well as problems
Evaluation Results: Facilitating Factors, Lessons Learned and Recommendations (continued)

- Start small, involving a few highly regarded CBOs within communities of identity
- Obtain support and involve top leadership from partner organizations
- Use informal democratic processes and consensus decision-making
- Build on prior history of positive working relationships
Evaluation Results: Facilitating Factors, Lessons Learned and Recommendations (continued)

- Researcher orientation and commitment
- Methodological flexibility and different criteria for judging effectiveness
- Establish and maintain infrastructure
- Reach a balance in the distribution of benefits and resources
- Promote policy changes consistent with and supportive of CBPR
Concluding Remarks

Need for greater:

• awareness and recognition of the meaning and value of community-based participatory research;

• funding support from public and private funding institutions, particularly in communities that experience a disproportionate burden of health disparities;
Concluding Remarks (continued)

Need for greater:

- emphasis on capacity building and training of all partners to enhance skills needed to conduct CBPR;
- benefits and reward structures for involvement in CBPR; and
- use of multiple case study evaluations to assess the context, process and outcomes of CBPR endeavors.
Selected References*


* Some sections of this presentation are adapted from these references